



**MONTANA
TEACHERS' RETIREMENT SYSTEM**

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HELENA, MT 59620-0139
406 444-3134

**BENEFICIARY DESIGNATION FORM
ACTIVE MEMBERS ONLY**

TRS Office Use Only

(PLEASE TYPE OR PRINT LEGIBLY IN DARK INK.)

Please Circle all that apply: New Member Change of Beneficiary Name Change Other _____

Please DO NOT complete this form if you are receiving a monthly benefit from the Montana Teachers' Retirement System (TRS).

(Member Name-Please Print)

____-____-____-____-____-____
(Social Security Number)

☐ YES ☐ NO

(Home Mailing Address)

(Change of Home Mailing Address)

(City, State & Zip Code)

____-_____
(Area Code & Telephone Number)

BENEFICIARY DESIGNATION INSTRUCTIONS

You may designate your estate as the beneficiary. However, a lump sum payment of the member's account balance is the only benefit available under this designation.

Primary Beneficiary: The primary beneficiary(ies) is the person(s) who will be eligible to receive a benefit on this account at the time of your death. The benefit available will be determined based on your years of creditable service with the Montana TRS. If you wish to designate more than one primary beneficiary, cross out the words "1st Contingent," "2nd Contingent," etc., connect all names with the word "**and**" (Doe, Jane **and** Doe, John), and provide all necessary information for each beneficiary.

Contingent Beneficiary: Contingent beneficiary(ies) will be eligible to receive a benefit only in the event that all primary beneficiary(ies) precede you in death.

If your primary beneficiary(ies) does not survive you, the benefit payable will be paid to the 1st contingent beneficiary(ies). You may name as many contingent beneficiaries as you wish. If the person named as a contingent beneficiary has not survived you, a lump sum payment will be made payable to your estate.

If you would like to list your spouse as your primary beneficiary and your children to share equally if your spouse does not survive you, you should list all the children as 1st contingent beneficiaries with all their names connected with the word "**and**". In this way, each child will receive an equal portion of benefits payable on your account. If you list each child separately as 1st contingent beneficiary, 2nd contingent beneficiary, etc., the 1st contingent will be eligible to receive benefits payable on your account; the 2nd contingent would be paid only if the 1st contingent preceded you in death, and so on.

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT OF 1992,
ALTERNATIVE ACCESSIBLE FORMATS OF THIS DOCUMENT WILL BE PROVIDED UPON REQUEST

PLEASE REVIEW INSTRUCTIONS BEFORE COMPLETING.

DESIGNATION OF BENEFICIARY: Please provide all requested information for each beneficiary. The complete legal name, social security number, date of birth and relationship are required.

I hereby nominate and appoint the person(s) or estate named below as the designated beneficiary(ies) of my Montana TRS account. In the event of my death, I authorize and direct the Retirement Board to pay named beneficiary(ies) as designated. I understand the named beneficiary(ies) may be eligible to elect to receive a lump-sum refund of the accumulated account balance or a monthly retirement benefit as provided by §19-20-1001, MCA. If joint beneficiaries are named below to share equally and any should not survive me, I direct the Retirement Board to pay said amount in equal shares to the surviving joint beneficiaries and to pay the total amount to the surviving beneficiary should only one of the joint beneficiaries named survive me. I reserve the right to change my beneficiary(ies) at any time by filing, with the Retirement Board, written notice of such change on the form provided by the Retirement Board for that purpose. I understand that this designation of beneficiary(ies) will be canceled by the withdrawal of my account.

PRIMARY BENEFICIARY	1ST CONTINGENT BENEFICIARY	2ND CONTINGENT BENEFICIARY
_____ (Last Name) (First Name) (MI)	_____ (Last Name) (First Name) (MI)	_____ (Last Name) (First Name) (MI)
_____ (Social Security Number) (Male/Female)	_____ (Social Security Number) (Male/Female)	_____ (Social Security Number) (Male/Female)
_____ (Date of Birth) (Relationship)	_____ (Date of Birth) (Relationship)	_____ (Date of Birth) (Relationship)
_____ (Home Mailing Address)	_____ (Home Mailing Address)	_____ (Home Mailing Address)
_____ (City, State, & Zip Code)	_____ (City, State, & Zip Code)	_____ (City, State, & Zip Code)
_____ (Area Code & Telephone Number)	_____ (Area Code & Telephone Number)	_____ (Area Code & Telephone Number)

3RD CONTINGENT BENEFICIARY	4TH CONTINGENT BENEFICIARY	5TH CONTINGENT BENEFICIARY
_____ (Last Name) (First Name) (MI)	_____ (Last Name) (First Name) (MI)	_____ (Last Name) (First Name) (MI)
_____ (Social Security Number) (Male/Female)	_____ (Social Security Number) (Male/Female)	_____ (Social Security Number) (Male/Female)
_____ (Date of Birth) (Relationship)	_____ (Date of Birth) (Relationship)	_____ (Date of Birth) (Relationship)
_____ (Home Mailing Address)	_____ (Home Mailing Address)	_____ (Home Mailing Address)
_____ (City, State, & Zip Code)	_____ (City, State, & Zip Code)	_____ (City, State, & Zip Code)
_____ (Area Code & Telephone Number)	_____ (Area Code & Telephone Number)	_____ (Area Code & Telephone Number)

If additional space is needed for beneficiary designation, please contact the TRS and request the Beneficiary Designation – Attachment Form or visit our website at <http://www.trs.mt.gov> to obtain the form.

(Member Signature - Must reflect your legal name)

(Date)

WITNESS: *Two adults other than the beneficiaries must sign as witnesses to your signature. If this form does not contain the signatures of two witnesses, the form is invalid.

We, the undersigned, of lawful age, certify that we are acquainted with the member signing this Designation of Beneficiary and that such member has requested us to witness their signature as their free act and deed.

(Signature of Witness - Must reflect your legal name)

(Date)

(Signature of Witness - Must reflect your legal name)

(Date)